

State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

The 2005 Legislative Session

Public Policy Direction for Children and Youth

The Commission on Children supports state policies that promote the health, safety and learning of children in strong, healthy families and safe communities. Innovative laws in Connecticut provide a blueprint for state investment in children and families that call for prevention, early intervention, reduction in child poverty and sustained access to health care, quality child care and school readiness, after school programs, family economic security and parenting education. Backed by national and state research, investment in prevention reaps cost saving dividends.

Public Policy Direction

Prevention

- **Embed prevention in state policy and budget.** Establish a state goal of 10% of state budget expenditures for prevention and early intervention programs. Realign the percentage of the budget allocated to prevention programs that promote positive outcomes for children, youth and families cross state agencies to decrease funding on crisis, remediation and institutionalization.

Background

In the face of shrinking resources, increase in prevention related policies and programs continue to be cost effective and smart investments. The State Prevention Council, established in 2001, reported that less than 2% of the state's budget was spent on prevention programs, or about \$300 million total.

For instance, the state spends \$7500 per child for pre-k, full day, full year. The state spends \$514,000 per youth in the Connecticut Juvenile Training School - the DCF juvenile delinquent facility. The cost of housing one youth at CJTS could pay for 68 three and four year olds to attend pre-school and start school ready to learn or pay for 30 students to attend the University of Connecticut (current tuition for room and board is \$13,710).

Accountability

- **Link state expenditures to measurable outcomes outlined by Public Act No. 03-145, "An Act Concerning the State Prevention Council and Investment Priorities"**, this would ensure tax dollars are spent judiciously and cost-effectively. It would also assist the state to meet goals set forth in No Child Left Behind, Welfare Reform, Child Poverty Reduction and other public policy mandates.

Background

“ The State Prevention Council shall determine long-term goals, strategies and outcome measures to promote the health and well being of children and families. Such goals include, but are not limited to: Cost-effective, research-based, early intervention strategies; an increase in pregnant women and newborns who are healthy; a decrease in the rate of child neglect and abuse; an increase in children who are ready for school; an increase in children who succeed in school; a decrease in children who are unsupervised after school; an increase in youth who choose healthy behaviors and become successful working adults; a decrease in juvenile suicide; a decrease in juvenile crime; and an increase in access to health care and stable housing. The council shall design a plan for inter-agency and intra-agency implementation of such goals and strategies and shall submit such plan, in accordance with section 11-4a, to the Secretary of the Office of Policy and Management and the joint standing committee of the General Assembly, having cognizance of matters relating to appropriations not later than January 1, 2004.”

Approved June 26, 2003

Early Childhood Policy

- Develop a Comprehensive Birth to Five System that works for families and children.
- Establish policies and budget options that better coordinate state agencies serving children and families in order to children achieve optimal health and school readiness by age five. Align policy goals and outcomes and establish inter-agency protocols to maximize resources and help families access healthcare, nutrition, quality child care and early education and the supports necessary to improve parenting and leadership skills as well as achieve financial security.
- Build on the existing School Readiness system that coordinates pre-K grants to local School Readiness Councils.

Universal Access to Comprehensive Health Care

- **Support investment in HUSKY/Birth to Three/ Pre-K Special Education.**

Background

In a DPH survey to assess the need for the “medical home” model, 31% of families with children with special needs reported that they had no care coordinator.

One of five births in Connecticut is covered under HUSKY. Children account for 54.6% of Medicaid enrollees, but for only 10.9% of program costs.

Early intervention helps to decrease developmental delays that left untreated can lead to life long disabilities.

- **Katie Beckett Waiver- fund the already approved additional slots of the Katie Beckett Model Waiver** (up to 75 slots) so this waiver is fully funded, which will provide Medicaid insurance coverage to those children who require extraordinary medical and skilled home care services, and who are either uninsured or underinsured by their private insurer.

Background

This allows children now living in hospitals to live at home with their families with the necessary medically necessary supports.

- **Children with Developmental Disabilities Waiver:** Require the Department of Social Services to apply for a federal Medicaid waiver that will provide funding for supports and services to children, who have developmental disabilities, and require special services in their homes and communities.

Background

Currently, children with developmental disabilities, who do not have mental retardation, do not have access to any services. This type of waiver would provide the types of services needed by children who do not necessarily require the extraordinary medical services provided by the Katie Beckett Waiver.

Home Visitation (Nurturing Families Network)

- **Include home visitation/case management as part of Medicaid reimbursement.**
- **Expand Nurturing Families,** home visitation for parents and newborns to all 29 birthing hospitals. They are currently in 23 birthing hospitals. The Nurturing Families Network identifies families whose newborn children are at high risk of abuse and offers them intensive and long-term home visitor services aimed at fostering positive parent-child relationships and linking families to community services. The goal of the program is to break the cycle of child abuse.

Background

Participants who remained in the program for at least one year exhibited an improved capacity for parenting, greater stimulation in the home environment, and improved emotional and verbal responsivity to their children. Mothers' abuse potential significantly decreased, largely because of decreases in their personal distress and in rigid attitudes and expectations regarding their children.

A 2003 evaluation of Nurturing Families concluded that, during the first year of receiving services, there was a significant increase in the percentage of mothers who completed high school, were employed, had an income over \$5000, established independent households, and were no longer socially isolated.

The evaluation also showed a significant decrease during the year in overall abuse by mothers toward their children, coupled with significant decreases in maternal distress and rigid attitudes about infant behavior.

School Readiness: Full Day Kindergarten

- Support State Department of Education's expansion of School Readiness pre-K programs for three and four year olds, especially for low-income children and incentives for districts to have full day kindergarten.
- Support State Department of Education's request for incentive grants to expand full day kindergarten.
- Keep the School Readiness legislation paradigm. The infrastructure designed for the state's school readiness system is working. School Districts and non-profit providers collaborate

and leverage resources. Allow each community to decide on the best allocation of new resources instead of targeting specific percentages for non-profits and school districts.

- Support funding for CHEFA early childhood facilities program to ensure capacity for expansion. Include incentives for private/public and interdistrict collaborations to end racial and economic isolation in school districts.
- Support funding for consultation services to licensed day care and school readiness programs to improve program quality.
- Support Charts A Course professional development career ladder to improve teacher qualifications.

Background

A Connecticut Commission on Children survey of kindergarten teachers in priority school districts found that children with two years of preschool were more likely to be seen as ready for kindergarten in language, literacy and math skills than their peers with one year of preschool and those with no preschool.

School Readiness programs help to close the achievement gap. Findings from Bridgeport, Middletown, Milford and Stamford reveal that children in quality pre-school programs have fewer retentions, more frequent attendance, and higher reading scores. School Readiness programs result in significant cost savings in reduced retention and special education costs. Preschool programs saved Milford approximately \$3 million over five years in reduced expenditures for transportation and outside special education tuition.

The significant fewer retentions among Bridgeport School Readiness students in kindergarten, first and second grades was estimated to save over a half million dollars. Savings over time and among all students in Bridgeport would likely be much greater.

Literacy (Pre-Literacy, Reading Training, Family Literacy)

- **Support investment in Family Literacy, pre-literacy programs and teaching instruction in reading. Incorporate a family literacy component in all state programs serving families.**

Background

While Connecticut leads the nation with 43% of fourth graders reading at or above the proficient level (Nation's Report Card), 26% of Connecticut fourth graders (and over 50% of Black and Hispanic students) read below the basic level.

Approximately 41% of the adult population in Connecticut – slightly lower than the national average of 49% - function below the literacy level that the National Governors' Association believes is necessary to function in today's economy and society.

When the Haskins Early Reading Success (ERS) Initiative was launched in Fall 2000, only 30% of ERS students entered first grade with benchmark levels of proficiency in all early reading skills. After one year in the project (Fall 2001), 50% of ERS first graders entered school meeting benchmarks in all of the assessed early reading competencies, and 70% of ERS first graders met the target benchmark in phoneme awareness, an essential oral language skill necessary for proficient reading and writing.

Family literacy provides intergenerational instruction and support to enrich the family environment and to promote lifelong learning. Programs that increase young children's ability to read can save the state in reduced special education and retention costs, as well as bringing economic benefits through a more educated and skilled future workforce.

States are beginning to use third grade literacy levels as indicators for planning prison cell growth. If a child cannot read by third grade, the child will likely not succeed in school.

Parent Engagement and Parent Trust Fund

- Enhance the State Parent Trust Fund to help local communities enhance parent civic engagement

Background

Connecticut's innovative Parent Trust Fund, a partnership of Robert Wood Johnson Foundation, William Casper Graustein Memorial Fund, Commission on Children, United Way, and the State Departments of Education, Social Services, Children and Families - supports training in civic advocacy for parents and citizens. In the past two years over \$214,350 has helped 17 communities leverage the Trust to develop almost \$1.3 million in community assets for civic capacity building.

Parent Involvement helps children learn. Children show: higher achievement in reading and higher grades and test scores; better attendance and more homework done; fewer placements in special education; positive attitudes and behavior, higher graduation rates; and greater enrollment in post secondary education.

Parent involvement helps parents have more confidence in the school environment; develop higher expectations of their children and teachers; be inspired to advance their own schooling and enroll in institutions of higher learning; increase a parent's ability to construct a healthy home learning environment for children.

Parent Involvement helps schools and communities: improve teacher morale and offer teachers higher ratings by parents; help develop better instructional strategies for use in classroom lessons; ensure there will be more support from parents; and ensure there will be higher student achievement.

Care4Kids - Child Care Subsidy Program

- **Fully fund Care4Kids child subsidy program. A critical financing mechanism for the early care and education industry in Connecticut.**

Background

Parents cannot work without child care. Care 4 Kids is the only child care subsidy program in Connecticut that helps low to moderate income families pay their child care expenses. Enrollment was opened to serve more income levels and non-TANF families, but appropriations are not adequate to meet the demand.

Many day care businesses rely on Care4Kids dollars to remain a viable business. A new study "The Economic Impact of Connecticut's Early Care and Education Industry reports that each year in Connecticut the Early Care and Education (ECE) industry generates over \$920 million dollars and is responsible for over 29,000 jobs, and makes it possible for over 160,000 parents to participate in the labor force."

Returns on Care 4 Kids can be seen through the lens of what happens when child care subsidies are not available: without child care assistance, families have difficulty providing their children with quality child care. When child care subsidies are unavailable, low-income families face even greater budget hardships.

After School: Keeping Kids Safe and Smart

- **Support the “ Safe and Smart Community Grant” legislation to help finance quality out of school time programs in school/community partnerships to order to provide safe, enriching environments for working families and improve overall child and youth outcomes such as increased academic achievement and decrease in juvenile crime.**

Background

A recent study documents the connection between high employee stress due to concerns about their children after school and decreased productivity and increased rates of absenteeism. It estimates the cost to business to be anywhere from \$496 to \$1,984 per employee, per year, depending on the employee’s salary.

In the hours after the school bell rings, violent juvenile delinquency triples. Self-care by children after school (“latch-key”) is associated with behavioral problems, poorer academic performance, and lower social competence.

Students who are engaged in learning behave better in school, have better work habits, higher educational aspirations, improved attitudes toward school, a greater sense of belonging in the community, and better relationships with parents.

Mentoring

- **Support expansion of school/business/community mentoring programs.**

Background

Young people who have a mentor are 46% less likely to initiate drug use, 27% less likely to initiate alcohol use, and 33% less likely to become violent. They skipped 52% fewer days of school.

Children and youth who regularly attend high-quality, after-school programs have better grades and conduct in school, more academic and personal growth opportunities, better peer relations and emotional adjustment, and lower incidences of drug-use, violence and pregnancy.

Children’s Mental Health

- **Full implement the recommendations of the Mental Health Cabinet led by Lieutenant Governor Kevin Sullivan.**
- **Expand the Pre School behavioral and mental health intervention program that assists preschool children with behavioral difficulties to avoid suspension and to be continuously engaged in the learning process.**

Background

Recommendations include: 1) extend Connecticut Community kidCare to add care coordinators, family advocacy services, community collaborative coordinators and flexible

emergency funding for children not in state custody. 2) Expand evening and weekend availability of emergency mobile teams that include home, early childhood and school liaison.

Kid Care is designed to eliminate the major gaps and barriers that exist in the children's mental health delivery system. It is based on the belief that children should receive services in their community whenever possible and that their parents are an integral part of the planning and decision-making process.

Approximately 64% of the children served by Kid Care during its first year of operation had no previous or current involvement with DCF and 30% had private insurance. Only 12% of the children seen and followed for crisis intervention and triage for services required hospitalization.

Intensive home based treatment services were provided to 380 children, and 1000 family members participated in treatment. These services helped avert hospital and residential admissions. Child Poverty

Pre School Behavioral Health program of the Department of Children and Family's Applied Behavioral Health program (ABH), reported in 2003 providing behavioral health services and consultation to 1,800 preschool students. Note: the State Department of Education reports that in 2002, 280 children were suspended from public school kindergartens and preschool programs due to unmanageable or problematic behavior.

Childhood Obesity

- Adopt the recommendations of the Medicaid Manage Care Council.
- Establish integrate statewide leadership of obesity prevention.
- Require DPH and Department of Insurance to develop a tool that identifies availability of obesity interventions by commercial insurance licensed in the state.
- Prohibit unhealthy food from being sold in schools during school hours.
- Expand the number of severe schools that must participate in the federal school breakfast program.
- Develop and adopt a method of documenting, recording and reviewing individual and group data on childhood obesity in HUSKY and statewide.

Background

Connecticut's obesity rate has risen steadily over the past several years from 11.7% in 1990 to 19.1% in 2004. More than half (54.8%) of Connecticut's adults are either obese or overweight (19.1%) or overweight (35.7%). The estimated medical expenditures attributable to obesity in Connecticut adults for 2003 are \$856 million.

Child Poverty

- Implement Connecticut's law- Public Act 04-328, -that requires the State to Reduce Child Poverty by 50% over the next 10 years.
 1. Enhance Families' income and income earning potential.
 2. Help low-income families build assets.
 3. Enhance affordability of health care, housing, food security, child care, and early childhood education.
 4. Support safety net programs for families with multiple barriers.
 5. Enhance family structure and stability.

- Amend Public Act 04-238, An Act Concerning Child Poverty, to clarify reporting requirements of the Council including progress on key child poverty indicators; better coordination among state and local agencies; maximization of federal, state, local and private funds and other performance measures.

Background

In 2003, 88,600 children under the age of 18 were living in families whose income was below the federal poverty level. This represents 10.8% of all Connecticut children.

The federal poverty level for a family of four in 2004 is \$18,850. Twenty four percent (24%) of Connecticut's children live in households with income at or below 200% of the federal poverty level.

Safe Learning Environments

- Enhance Connecticut's anti-bullying efforts by providing funding for the Safe Learning Grant Program, which provides grants to local school districts to implement school wide training on bullying prevention and intervention programs. Require State Department of Education to report on progress made by schools in addressing bullying as a result of the Safe Learning Act.
- Develop a guide for how students and parents should respond in cases of bullying, their rights, and obligations of school officials, school districts and the state. The guide would tell parents about all the aspects of P.A. 02-119, and give parents and students steps that they can follow, in case of bullying. Steps may include calling the principal, holding a meeting with the principal, meeting with school superintendent/school board, law enforcement, etc and /or if the student/parent has exhausted all remedies at the local level, they may request assistance from the State Board of Education.

